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APPLICANTS

Paul A. Blowers, St. Paul, MN;
 Joel R. Lauer, Rogers, MN;
 Christopher M. Manrodt, White Bear Lake, MN;
 Cheryl J. Protas, Ham Lake, MN;
 Seema Padmanabhan, Maple Grove, MN;
 William M. Sherman, Minneapolis, MN;
 James E. Willenbring, St. Paul, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance RRR Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MN	6	44	6

ADDRESS

MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MN 55432-9924
 UNITED STATES

TITLE

Prioritized presentation of medical device events

FILING FEE RECEIVED 1434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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